



**DEPARTMENT OF RECREATION, PARKS
AND CULTURAL ACTIVITIES**

1108 Jefferson Street
Alexandria, Virginia 22314

James B. Spengler
Director

Phone (703)746-4343
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August 31, 2012

Cheerleading Coach,

The Alexandria Department of Recreation, Parks and Cultural Activities will host the Alexandria Holiday Invitational for recreation level teams on Saturday, December 15 at T.C. Williams High School at 11:00 a.m. The school is located at 3330 King Street, Alexandria, VA. We would love for your team to compete and be a part of our competition. The entry fee for the competition is \$5.00 per cheerleader. Limited space is available and registration will only be confirmed with payment.

We have made some changes to this year's competition. Teams will be able to compete in levels in each division. The competition will follow the safety and cheer level rules established by the U.S. All Star Federation. The rules accompany this letter and can be found at www.usasf.net. The competition will feature three age divisions; Pee Wee (ages 8 & under), Youth (12 & under) and Junior (16 & under). Crossovers can be included for \$10.00 for each crossover. Every team will receive a team trophy at the awards presentation after the competition. The time limit for team performances is 2:30.

Cheerleaders will also have the opportunity to compete in the jump off /tumble off for \$5.00. The jump off/tumble off will take place in the auxiliary gym before the competition begins. Participants can register the day of the competition for the jump off/tumble off.

Tickets can be purchased in advance beginning November 19 for \$5.00 (ages 13 & older) and \$2.00 (ages 5 – 12) from the Lee Center, Charles Houston Recreation Center, Cora Kelly Recreation Center and William Ramsay Recreation Center. Tickets will also be sold at the door for \$10.00 (ages 13 & older) and \$5.00 (ages 5 – 12). Children ages 4 and under will be admitted free of charge.

If your team is interested in competing, please return the team registration form, roster form, waiver release forms and cashier's check or money order by November 2 to the following address: ATTN: Alexandria Invitational/Recreation Services Division, 1108 Jefferson Street, Alexandria, VA, 22314. The check or money order should be made payable to the City of Alexandria. Teams will receive a confirmation once we receive team registration information and payment.

Feel free to contact the Youth Sports Office at 703.746.5402 or email tamika.coleman@alexandriava.gov for more information.

Sincerely,

Tamika Coleman

Tamika Coleman
Recreation Manager – Youth Sports



Alexandria Department of Recreation, Parks and Cultural Activities
Recreation Services Division
1108 Jefferson Street
Alexandria, VA 22314
Office: 703.746.5402
www.alexandriava.gov/recreation



TEAM ROSTER ALEXANDRIA INVITATIONAL

Organization Information

Organization Name

Team Name

Division

Level

Coach #1

Coach #2

| | Participant's Name | Date of Birth | Age | Gender (M/F) |
|----|--------------------|---------------|-----|--------------|
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MEDICAL AND PHOTOGRAPHY RELEASE FORM ALEXANDRIA INVITATIONAL

PLEASE PRINT INFORMATION

Participant Name: _____ Date of Birth: _____ Age: _____
Organization Name: _____
Name of Parent/Guardian: _____
Address: _____
Phone: _____ Cell Phone: _____
Email Address: _____

MEDICAL INFORMATION

Please list participant's allergies to medication, current medications being taken, and any past or present medical conditions that could impair participant's performance:

In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting various programs and allowing _____ to participate, the undersigned, realizing the risk of injury attendant to such programs, does/do hereby release and forever discharge the City of Alexandria, its officers, agents and employees including but not limited to the Department of Recreation and its supervisors, from any and all actions, causes of action, claims and demands for , upon or by reason of any injury which hereafter at any time may be sustained by participation in such programs. The participant has had a physical exam within the last 12 months and is physically capable of competing in the sport of cheerleading. I also give the Recreation Department permission to verify the participant's birth date at his/her school. Per the City of Alexandria policies, registration information of each participant is provided to the Alexandria Department of Recreation, Parks and Cultural Activities (ADRPCA) for recreation programs only.

I do hereby grant permission to photograph or video tape my child or me for all future advertisements, website, marketing literature, or promotional videos for the City of Alexandria, Recreation Department.

By signing below, I have read and agree to the above medical and photography release.

Participant Signature

Date

Parent/Guardian Signature

Date



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REGISTRATION FORM
ALEXANDRIA INVITATIONAL

Organization Information

Organization Name

City/State

Daytime Phone

Evening Phone

Fax#

Contact Person's Information

Contact Person's Name

Mailing Address

City, State and Zip Code

Email Address

| | Team Name How it should appear on schedule and program book | Division & Level | Total # of Cheerleaders |
|---|--|------------------|-------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

How to Register:

Please complete this form to register up to 5 teams. Include one payment per program.

Mail registration to:

Alexandria Invitational/Recreation Services Division
1108 Jefferson Street
Alexandria, VA 22314

This registration agreement is an agreement between you, the team/organization registered above and the City of Alexandria, Recreation Department, which governs the terms and conditions which the City of Alexandria will conduct the event. As the responsible party for this registration and team/organization named above, I acknowledge that I have read the payment policies, weather related policy and cancellation policy governing events hosted by the City of Alexandria. Furthermore, I fully understand the financial responsibilities associated with this registration and accept liability for any and all debts incurred as a result of this registration.

Print Name

Signature

Date

Payment Information

Team

Cheerleaders _____ X \$5 = _____

Crossovers _____ X \$10 = _____

Total Balance Due: _____

Payment Options: Please check one

- ☐ Cashier's Check
- ☐ Money Order

Make check payable to: City of Alexandria.

All balances must be paid by November 2, 2012.